2019-2020 NGMS PAAL INFORMATION

Thank you for your interest in the PAAL program here at North Garner Middle School. Please review this information, sign you and your student up to receive Remind messages, and complete the enrollment forms to get started.

IMPORTANT INFORMATION (please initial each section):

1) Meetings are each **Tuesday** immediately after school in the Media Center until 4:45PM. Students should report directly to the Media Center after going to their lockers. No loitering in carpool or the bus loop first.
   Please initial here _____

2) Your student **MUST** have transportation home at 4:45PM. No exceptions. Repeated late pickups will result in the student being released from the program until reliable transportation can be arranged.
   Please initial here _____

3) If your student walks home please **attach a note** with the enrollment forms.
   Please initial here _____

4) Students are expected to follow the WCPSS Code of Conduct and PAAL Code of Ethics at all times. Please initial here _____

5) There are no fees. Please initial here _____

   **Parent/Guardian Signature** ________________________________

Thank you and I look forward to working with your student.

Sincerely,

[Signature]

Officer Stancil
Garner P.A.A.L. – Code of Ethics

Trustworthiness

Be honest • Don’t deceive, cheat or steal • Be reliable — do what you say you’ll do • Have the courage to do the right thing • Build a good reputation • Be loyal — stand by your family, friends and country.

Respect

Treat others with respect; follow the Golden Rule • Be tolerant of differences • Use good manners, not bad language • Be considerate of the feelings of others • Don’t threaten, hit or hurt anyone • Deal peacefully with anger, insults and disagreements.

Responsibility

Do what you are supposed to do • Persevere: keep on trying! • Always do your best • Use self-control • Be self-disciplined • Think before you act — consider the consequences • Be accountable for your choices

Fairness

Play by the rules • Take turns and share • Be open-minded; listen to others • Don’t take advantage of others • Don’t blame others carelessly

Caring

Be kind • Be compassionate and show you care • Express gratitude • Forgive others • Help people in need

Citizenship

Do your share to make your school and community better • Cooperate • Get involved in community affairs • Stay informed; vote • Be a good neighbor • Obey laws and rules • Respect authority • Protect the environment

*We spell community “PAAL”*
Sign up for important updates from SRO STANCIL.

Get information for NGMS PAAL 2019-2020 right on your phone—not on handouts.

Pick a way to receive messages for NGMS PAAL 2019-2020:

A) If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/ngpaal19

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

B) If you don't have a smartphone, get text notifications.

Text the message @ngpaal19 to the number 81010.

If you're having trouble with 81010, try texting @ngpaal19 to (469) 203-4278.

* Standard text message rates apply.

Don't have a mobile phone? Go to rmd.at/ngpaal19 on a desktop computer to sign up for email notifications.
THE FIRST MEETING WILL BE:

TUESDAY,

AUGUST 27TH

IN THE MEDIA CENTER
Youth Registration Form

Attach a copy of your birth certificate and most recent report card

Garner P.A.A.L. reserves the right to remove any participant for violation of the Youth Code of Conduct.

P.A.A.L. ACADEMIC REQUIREMENT: I agree to provide P.A.A.L. with a copy of my child's most recent report card. P.A.A.L. has a right to remove a child from participation until it can be determined that academic progress is being made and/or the child is attending the mandatory required academic class or afterschool program.

☐ New Applicant ☐ Returning Participant Today’s Date: __________________________

Last Name: __________________________ First Name: __________________________ M/L: _______

DOB: __________ Age: ______ Email Address: ________________________________

Address: ___________________________________________________________ Zip: ________

Sex: M or F Current Grade: ______ School: _________________________________

Shirt Size: YS YM YL AS AM AL AXL

The following information is gathered to assist with grant applications and will not be used for other purposes:

Is your child eligible for Free or Reduced Lunch? ☐ Yes ☐ No

(If your total household income is less than the amount shown next to the household size below, then check YES; for each additional person beyond 8 in the household add $3,740)

1-< $20,036 2-< $26,955 3-< $33,874 4-< $40,793 5-< $47,712 6-< $54,631 7-< $61,550 8-< $68,469

Participant’s Ethnic Group:

☐ White/Caucasian ☐ African American ☐ Native American ☐ Hispanic

☐ Asian/Pacific ☐ Multi-racial ☐ Other

Parent / Guardian / Foster Parent / Primary Caregiver (completing the registration form):

Name: __________________________ Email: __________________________ (for P.A.A.L. use only)

Relationship to Participant (please circle one):

Mother Father Grandparent Other Relative Foster Parent Other:

Marital Status: __________ Ethnic Group of Parent/Guardian/Caregiver: __________

Address: ___________________________________________________________

City: _________________ Zip: __________

Home Phone #: _______________ Work #: _______________ Cell #: _______________

Other Emergency Contact Name: _________________________________________

Phone #: _______________ Email: __________________________
Medical Information

Physician Name: ___________________________ Phone: ___________________________

Does your child have any special medical needs? □ Yes □ No

(If “Yes” please explain): _______________________________________________________

Please check if you would like to Volunteer or Coach at P.A.A.L.: □ Yes □ No

(If “Yes” indicate area(s) of interest): ____________________________________________

General Release of Liability:

In consideration of being allowed to participate in any of the P.A.A.L. programs, related events and activities offered,

The undersigned agrees to the following:

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury, including permanent disability and severe social and economic losses, which might result from their actions, in actions or negligence, and of others, the rules of play, the condition of the premises or of any equipment used. Additionally there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge my daughter/son is physically fit to engage in all P.A.A.L. activities. I understand that the Police Athletics/Activities League of Garner employees, Town of Garner and their agents and volunteers will exercise reasonable supervision while my daughter/son is participating and in activities by the Police Athletic/Activities League of Garner, NC. I agree to hold the Police Athletic/Activities League of Garner, NC, and/or the Town of Garner employees and their agents and volunteers harmless from any and all liability, personal injury illness or any loss of property which may result while exercising their duty of supervision while participating in the P.A.A.L. Program.

Authorization for Emergency Care:

In case of accident or serious illness, and the P.A.A.L. program is unable to reach me, I hereby authorize the P.A.A.L. program staff to contact the physician indicated on the application and to follow his/her instructions. If it is impossible to contact this physician, the P.A.A.L. may make arrangements necessary to provide care and treatment for my child. In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at P.A.A.L., the program personnel will contact me or arrange transportation for my child. If the P.A.A.L. is unable to reach me, I authorize them to contact one of the persons indicated on the enrollment form (as emergency contacts) and ask them to pick up and transport my child home.

Photo/Media Release:

I acknowledge, understand, consent and permit my child to participate in the P.A.A.L. programs and events that involve interviewing, photographs, videotaping, and publicity activities where their image or voice may be used in public releases.

School Records Release Statement

I give my consent for my son’s/daughter’s/ward’s school records to be accessed by the Police Athletics/Activities League through the Wake County Public School System’s exchange of information waiver. This is to enable the P.A.A.L. staff to gather data for program effectiveness on the youth and to help with intervention efforts focused at student success.
Trip Permission Form:

I give permission for my child, ________________, to participate in any P.A.A.L. program trip(s) where his/her participation in a designated away competition or learning experience is scheduled. I understand that I will receive advance notice of these field trips and the specific details as they relate to that event.

- Only a legal guardian and/or parent may register and sign this form. P.A.A.L. will take appropriate legal action against anyone who is found to complete this form without having the authority to do so.

- By signing below, I acknowledge that I understand and agree to all of the above. In addition, I certify that I am the legal guardian and/or parent of this applicant.

Parent or Guardian Name ___________________________ Signature ___________________________ Date __________

Adult Witness Name ___________________________ Adult Witness Signature ___________________________ Date __________

* Adult witness must be a P.A.A.L. employee or Team Official (Coach, Asst. Coach, Administrator or Team Parent)

For Office Use Only (To be completed by P.A.A.L. Staff Member)

Date Received: ___________ Initials of Staff: ___________

☐Birth Certificate provided

☐Report Card provided

G.P.A. verified by ___________________________ G.P.A. ___________